Sample Debrief Form

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| Date/Time of Simulation: |
| Date/Time of Debrief: |
| Participants and their roles: |
| What are your initial impressions after this activity? |
| What system barriers do you experience with the QBL process? |
| What actions could our team take to ensure QBL is done for every delivery? |
| Any additional concerns, issues or takeaways identified? |